

Exhibit 7

Form **5500-EZ**Department of the Treasury
Internal Revenue Service**Annual Return of One-Participant
(Owners and Their Spouses) Retirement Plan**This form is required to be filed under section 6058(a) of the Internal Revenue Code.
Certain foreign retirement plans are also required to file this form (see instructions).

► Complete all entries in accordance with the instructions to the Form 5500-EZ.

► Information about Form 5500-EZ and its instructions is at www.irs.gov/form5500ez.

OMB No. 1545-0956

2016This Form is Open
to Public Inspection.**Part I Annual Return Identification Information**

For the calendar plan year 2016 or fiscal plan year beginning (MM/DD/YYYY) and ending

- A** This return is: (1) ☐ the first return filed for the plan; (3) ☐ the final return filed for the plan;
(2) ☐ an amended return; (4) ☐ a short plan year return (less than 12 months).
- B** If filing under an extension of time, check this box (see instructions). ☐
- C** If this return is for a foreign plan, check this box (see instructions) ☐
- D** If this return is for the IRS Late Filer Penalty Relief Program, check this box (see instructions) ☐

Part II Basic Plan Information — enter all requested information.

1a Name of plan	1b Three-digit plan number (PN) ►	001
RJM CAPITAL PENSION PLAN	1c Date plan first became effective (MM/DD/YYYY)	01/29/2013
2a Employer's name	2b Employer Identification Number (EIN) (Do not enter your Social Security Number)	
RJM CAPITAL LLC		26-0566132
Trade name of business (if different from name of employer)	2c Employer's telephone number	
	Redacted - PII	
In care of name	2d Business code (see instructions)	
RICHARD J. MARKOWITZ		523900
Mailing address (room, apt., suite no. and street, or P.O. Box)		
Redacted - PII	ZIP or foreign postal code (if foreign, see instructions)	
3a Plan administrator's name (if same as employer, enter "Same")	3b Administrator's EIN	
SAME		
In care of name	3c Administrator's telephone number	
Mailing address (room, apt., suite no. and street, or P.O. Box)		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)		
4a Name of trust (skip questions 4a, 4b, 4c, and 4d)	4b Trust's EIN	
4c Name of trustee or custodian	4d Trustee or custodian's telephone number	
5 If the name and/or EIN of the employer has changed since the last return filed for this plan, enter the name, EIN, and plan number for the last return in the appropriate space provided:	5b EIN	
a Employer's name	5c PN	
6a(1) Total number of participants at the beginning of the plan year	6a(1)	1
a(2) Total number of active participants at the beginning of the plan year	6a(2)	1
b(1) Total number of participants at the end of the plan year	6b(1)	1
b(2) Total number of active participants at the end of the plan year	6b(2)	1
c Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6c	0

Part III Financial Information

	(1) Beginning of year	(2) End of year
7a Total plan assets	7a 4,594,115	4,994,409
b Total plan liabilities	7b	
c Net plan assets (subtract line 7b from 7a)	7c 4,594,115	4,994,409

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 5500-EZ.

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Page **2****Part III (Continued)**

8	Contributions received or receivable from:		Amount
a	Employers.	8a	0
b	Participants	8b	0
c	Others (including rollovers)	8c	0

Part IV Plan Characteristics

9 Enter the applicable two-character feature codes from the List of Plan Characteristics Codes in the instructions:

2J	3B								
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Part V Compliance and Funding Questions

	Yes	No	Amount
10 During the plan year, did the plan have any participant loans? If "Yes," enter amount as of year end		X	
11 Is this a defined benefit plan that is subject to minimum funding requirements? If "Yes," complete Schedule SB (Form 5500) and line 11a below. (See instructions.)		X	
a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500), line 40			11a
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code? If "Yes," complete lines 12a or 12b, 12c, 12d, and 12e below, as applicable:		X	
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, enter the month, day, and year (MM/DD/YYYY) of the letter ruling granting the waiver (see instructions)			12a
b Enter the minimum required contribution for this plan year			12b
c Enter the amount contributed by the employer to the plan for this plan year			12c
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)			12d
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	Yes	No	N/A
12e			
13a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter (MM/DD/YYYY) _____ and the serial number _____ (skip this question).			
b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter (MM/DD/YYYY) _____ (skip this question).			
14 Was any plan participant a 5% owner who had attained at least age 70½ during the prior plan year? (skip this question)	Yes	No	
14			
15 Defined Benefit Plan or Money Purchase Pension Plan only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service? (skip this question)			
15			

Caution: A penalty for the late or incomplete filing of this return will be assessed unless reasonable cause is established.

Under penalties of perjury, I declare that I have examined this return including, if applicable, any related Schedule MB (Form 5500) or Schedule SB (Form 5500) signed by an enrolled actuary, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here

Signature of employer or plan administrator

Date

RICHARD J. MARKOWITZ

Type or print name of individual signing as employer or plan administrator

 Preparer's name (including firm name, if applicable) and address, including room or suite number (skip this question)
 RONALD J. CARLEN, CPA C/O CITRIN COOPERMAN & CO., LLP
 529 FIFTH AVE, NEW YORK, NY 10017

 Preparer's telephone number (skip this question)
 212-697-1000
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